

Merseybank Surgery

Quality Report

Merseybank Surgery
36 Merseybank Avenue
Chorlton
Greater Manchester
M21 7NN

Tel: 0161 445 5559

Website: The practice does not have a website

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

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Overall summary

Letter from the Chief Inspector of General Practice

On 4 April 2016 we undertook a full comprehensive re-inspection of Merseybank Surgery. At that inspection we found that systems and processes were not embedded sufficiently to ensure patient safety. As a result of our findings the practice remained in special measures for a further six months and a warning notice was issued.

The Warning Notice issued on 9 June 2016 alerted the practice to areas where Regulation 17 had not been met. The parts of the regulation that the practice were failing to meet specifically impacted on the safe and well led domains. In particular there were no effective systems to:

Summary of findings

- Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)
- Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity
- Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided

On 21 November 2016 we carried out a focused inspection of Merseybank Surgery. We went to check if the practice had achieved compliance with the Warning Notice issued on 9 June 2016.

At this inspection we found that some improvement had been made and some systems had been introduced but further improvements were still required to ensure that safety was maintained. In particular we found that :

- Some systems had been implemented and there was evidence that these would be effective if they continued. They related to fridge control and cold chain process, legionella testing, audit, and call and recall of patients.
- A number of protocols introduced to manage the practice were not yet embedded well enough and were not consistently followed. They did not reduce the risks that had been previously identified. These included building management and taking appropriate action when things went wrong, significant event recording, documentation of meetings to evidence discussion and protocols for two week waits.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

What people who use the service say

Results from the GP patient survey published in July 2016 showed that the patients were very happy with the access to the service. The practice scored best on the following three points :

- 94% of respondents found it easy to get through to the surgery by phone. The local average was 64% and the national average was 73%.
- 81% of respondents were satisfied with the surgery's opening hours. The local average was 82% and the national average was 76%.

- 90% of respondents described their experience of making an appointment as good. The local average was 68% and the national average was 73%.
- 79% of respondents would recommend this surgery to someone new to the area. The local average was 79% and the national average was 78%.

We did not review comment cards or speak to patients at this inspection.

Merseybank Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC Inspector.

Background to Merseybank Surgery

On 14 July 2015 a full comprehensive inspection under our new methodology was undertaken and the practice were placed in special measures. A warning notice was issued and a further inspection took place to assess if improvement had been made. The practice met the requirements of the warning notice and remained in special measures and a re-inspection was planned.

On 4 April 2016 a full comprehensive re-inspection was undertaken. The practice were found to have made improvements. However they remained inadequate in the Safe domain. The concerns related to systems and processes which were either not in place or were not being systematically followed. A further warning notice was issued. As a result of that warning notice we undertook a focused follow up inspection on 21 November 2016 and these are the findings from that inspection.

The Surgery is situated in a deprived area of Chorlton in south Manchester. It is located in a row of shops and has disabled access and toilet facilities. Dr Hotchkies is a single-handed, male practitioner who has provided GP services at this location for over twenty five years under a General Medical Services contract.

The practice population is around 2,600 patients and has a higher than average proportion of patients between the ages 15 and 49.

There is a part time practice nurse who works one day per week, a practice manager and three reception/secretarial staff.

The practice is commissioned to diagnose and screen patients and to provide treatment of disease, disorder or injury. It does not offer surgical procedures, family planning, maternity or midwifery services or minor injury treatments. These can be accessed through the local community services. The surgery is open from 8.30am until 6pm Monday to Friday (except Wednesdays). On Wednesday the practice close at 1pm. Patients are directed to out of hours services when the practice is closed after 6pm and at the weekend.

Patients have access to an open surgery from 9.15am until 11.30am Monday to Friday and appointments are pre-bookable in the afternoons (except Wednesdays). The practice does not have a website but offer online appointment booking and repeat prescriptions on line.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to check whether the practice met the requirements of the Warning Notice issued 9 June 2016.

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)
- Before visiting, we reviewed a range of information that we hold about the practice including :
 - The previous inspection reports and other information on our records management system
 - Information sent to us by the practice
 - Information from other organisations

We carried out an announced focused visit on 21 November 2016. During our visit we spoke with the sole GP, the practice manager and a member of reception staff who were employed by the practice. We did not speak to patients or review comment cards. We did review data from the most recent national GP survey.

Are services safe?

Our findings

At this inspection we reviewed the requirements of the Warning Notice served on 9 June 2016 and found that some steps had been taken to address the identified issues. Although the issues related in part to the Safe domain we did not inspect this domain in its entirety and only looked at the areas identified in the Warning Notice.

The warning notice had identified that the practice could not provide evidence of a systematic approach to report, record and learn from significant events. The process they had in place was not complete because learning had not been identified and appropriate actions had not been taken. At this inspection we found that there were still inconsistencies about what staff understood should be reported. We found that not all incidents had been documented or reported. For example we saw maintenance issues with required actions that had not been dealt with.

There was documentary evidence of one significant event that had been recorded and discussed in relation to fridge

management. We saw that the matter had been dealt with appropriately and the practice had taken significant action to ensure that the issue was less likely to happen again in the future.

We had previously identified that the systems implemented to assess, monitor and mitigate the risks relating to the health, safety and welfare of staff and patients were not effective. These were specifically in relation to fire, gas, electricity and legionella checks. At this inspection the practice presented evidence that :

- A legionella assessment had been undertaken and there was a system in place, with identified responsible persons, to carry out regular checks.
- There were named individuals responsible for fire safety, fire evacuations and fire alarm testing which were taking place monthly. There was a fire safety policy, with action for named individuals to undertake, such as a fire risk assessment. No fire risk assessment had been completed.
- The gas boiler had recently been serviced.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We did not inspect this domain in its entirety and only looked at the areas identified in the Warning Notice.

- We found that some systems had been introduced but it was too early to say whether these systems were effective and that will need to be evidenced over time.
- The warning notice served on 9 June 2016 identified there were no satisfactory systems in place to assess, monitor and improve the quality of the services at the practice such as clinical audits, systems to monitor patients and staff meetings to discuss actions. During this inspection we found :
- In relation to clinical audit, the GP re-presented in evidence, the information that had been provided at the previous inspection. In addition the GP told us in their action plan that they had carried out re-audits which had effected positive change for patients. An audit was carried out on all patients being prescribed thyroxine who had not had their thyroid function tests (TFTs) checked in the previous nine months. The GP informed us that this audit is now carried out several times a year. Improved patient care has been demonstrated. Other clinical audits were planned for forthcoming year.

We discussed systems to monitor patients with the practice manager. The practice used a Quality Outcome Framework (QoF) daily diary to ensure that patients were followed up successfully when required. The diary had been reviewed since our previous inspection and the practice manager and administration staff remained responsible for ensuring that tasks were carried out. We saw evidence that the call and recall system to check that patients attended appointments was satisfactory.

We asked staff how matters such as significant events, actions to be taken and patient care were discussed and were told that weekly staff meetings were taking place. We

saw minutes from some of those meetings. We saw headings such as clinical audit, training, learning points, significant events and other issues. Staff who did not attend the meetings received copies of the minutes but recorded minutes were not detailed enough.

The warning notice identified that there were no formal procedures to monitor two week waits and patients at high risk of hospital admission. During this inspection the staff said they had introduced a system to monitor these patients but the evidence they presented was inconsistent :

- The GP thought that there was a formal protocol in place to monitor two week waits but could not show us any documented evidence. We received copies of a ledger entitled 2WW Ledger – Cancer.
- The GP said that the practice manager and reception staff were responsible for following the patients up to ensure that they did not slip through the net. The administration staff said it was the GP's responsibility. We looked at a sample of patient records and found that the information was not consistent with the ledger.
- The patients on the follow up list were not discussed at staff meetings to ensure that appropriate action had been taken.

There was evidence that immediate action was required to ensure that health, safety and welfare of people was maintained. We found that :

- An electricity inspection report dated July 2016 made two recommendations, one marked as "potentially dangerous – urgent remedial action required" and the other marked as "Improvement recommended". Although the actions had been highlighted by someone at the practice, they could not evidence that any discussion had taken place, no one had been identified as responsible for taking action, and no action had yet been taken.